

# SPRINGDALE FIRE DEPARTMENT

## Fire Prevention Division

### Smoke Alarm \ Home Inspection Form

DATE: \_\_\_\_\_

OCCUPANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

SFD PERSONNEL INVOLVED: \_\_\_\_\_

Type of Home Ownership (Circle one):    **Own**                      or                      **Rent**

Type of Dwelling (Circle one):                      **Single Family Dwelling**    **Duplex**    **Triplex/Apartment**

Primary Language Spoken (Circle one):    **English**                      **Spanish**                      **Other:** \_\_\_\_\_

### CHECK ALL APPROPRIATE TASKS PERFORMED:

**DONATION OF NEW SMOKE ALARM(S)** \_\_\_\_\_

# Donated: \_\_\_\_\_                      Make/Model of Alarm(s): \_\_\_\_\_

**INSTALLATION OF NEW SMOKE ALARM(S)** \_\_\_\_\_

# Installed: \_\_\_\_\_                      Where Installed: \_\_\_\_\_

Make/Model of Alarm(s): \_\_\_\_\_

**BATTERY REPLACEMENT ONLY FOR EXISTING SMOKE ALARM(S)** \_\_\_\_\_

# Installed: \_\_\_\_\_                      Where Installed: \_\_\_\_\_

**HOME INSPECTION WITH TESTING OF EXISTING SMOKE ALARM(S)** \_\_\_\_\_

# Tested: \_\_\_\_\_                      Alarm locations: \_\_\_\_\_

Test Method Used:                      Test Button    or    Test Smoke

Notes: \_\_\_\_\_

**\*Recommend replacing any existing alarms more than 10 years old.**

**\*How did the resident learn about the program?** \_\_\_\_\_

All products donated and activities performed through this program are intended to assist the citizens of Springdale in protecting themselves from the devastating effects of a fire in their home. The installation of donated smoke alarm(s) by the Springdale Fire Department does not ensure compliance with the Arkansas Fire Prevention Code, which may require additional smoke or fire detection systems. The smoke alarm(s) are not intended to replace or be a substitute for any such required smoke or fire detection systems. All manufacture warranties of donated smoke detectors are voided. All future maintenance of the smoke alarm(s) is the responsibility of the Donee.

**Occupant Signature:** \_\_\_\_\_

# **SMOKE ALARM AND HOME INSPECTION PROGRAM OCCUPANT HANDOUT**

## **Required Maintenance**

Smoke alarms need to be tested monthly by pressing the “test button” and the batteries changed out twice per year. It is recommended that the batteries be changed out every time the clocks change with Daylight Savings Time.

## **Warranties**

All manufacture warranties of donated smoke detectors are voided. Please contact us if you experience a problem with your donated alarm(s) at 751-4510.

## **Other Fire Safety Reminders**

- It is recommend to install a CO detector if any gas appliances are used in the home.

## **Heating Appliances:**

- Keep all combustibles at least 3’ from fire places/wood stoves, space heaters, etc.
- Place spark arrestors in front of open fireplaces and on chimney top.
- Recommend getting chimney and heating systems checked.
- Extinguish open fire place fires before leaving home or going to sleep.
- Remove cold fire place ashes in metal container and dispose of away from house.
- Maintain a clearance of at least 18” to furnace and water heaters.

## **Candles:**

- Keep candles at least 1’ from combustibles.
- Never leave candles burning when leaving home or going to sleep.

## **Smoking/Fire Starting Material:**

- Store matches/lighters out of reach of children and away from the heat source.

## **Kitchen Safety:**

- Never leave cooking unattended.
- Recommend that resident purchase an ABC fire extinguisher and place near but not in the kitchen.

## **Fire Escape Planning:**

- Develop a home fire escape plan with outside meeting place and practice with children.

**RETURN COMPLETED FORM TO THE PUBLIC EDUCATION CAPTAIN. Smoke alarm/battery installations and home inspections should be entered into Firehouse software under incident code 5531.**